

POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM	Application Number		10/578,757-Conf. #1524	
	Filing Date		November 5, 2004	
	First Named Inventor		Fuller	
	Title	Method and apparatus for analysing a liquid		
	Art Unit	1797		
	Examiner Name	Maureen Wallenhorst		
Attorney Docket No.		ISA-168.01		

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number: 63767

OR

☐ Practitioner(s) named below:

Name	Registration Number	Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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City	State	Zip	
Country	Telephone	Email	

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature	Date
Name	Telephone
Title and Company	

Signature:
 Date: July 7 2008
 Name: Julius C. Fister III
 Telephone: 781-314-4066
 Title and Company: Prokurist, Inverness Medical Switzerland GmbH

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ *Total of 1 forms are submitted.